

APPLICATION FOR CERTIFICATION AS BAIL AND RECOVERY AGENT PLE/CE COURSE PROVIDER

1. I am a full-time resident of Indiana. Yes _____No _____

2. I have been licensed as a bail agent under this chapter for at least five (5) of the immediately preceding ten (10) years. Yes _____No _____

I swear or affirm under the penalties for perjury that the above information is true and complete to the best of my knowledge.

Signature

Printed Name

Per IC 27-10-3-7.1, to be certified as a bail agent/recovery agent pre-licensing and continuing education course provider, you shall obtain from the commissioner approval of the course and instructors before the courses are conducted.

Return completed form to:

Indiana Department of Insurance
Bail Bond Division
311 W. Washington St., Suite 103
Indianapolis, IN 46204
317 232-5249